

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212547962				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Travelers Casualty Insurance Company of America</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F0376394</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	50,000
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COMMON	50,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: CT</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE TOWER SQUARE</p> <p style="text-align: center;">CITY/ST/ZIP: HARTFORD, CT 06183</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN W MACLEAN TITLE: CHRM/PRES/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN W MACLEAN TITLE: CHRM/PRES/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	WILLIAM H. HEYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/CIO		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017-2630		
NAME:	DOREEN SPADORCIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	KENNETH F. SPENCE, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GEN CNSL		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		
NAME:	GREGORY C. TOCZYDLOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, PI		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	D. KEITH BELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, ACCT PLCY		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	ANDY F. BESSETTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CAO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	CHARLES J CLARKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHRMN		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	JOHN P. CLIFFORD, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, HR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		
NAME:	WILLIAM E. CUNNINGHAM, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, BI		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	WILLIAM P. HANNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/BUS CON OFF		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017-2630		
NAME:	MADELYN J. LANKTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CIO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. RYNDA SVP, CORP TAX 385 WASHINGTON STREET ST. PAUL, MN 55102	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN D. SCHNITZER VICE CHAIR/CLO 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C BRODY EVP, CLAIM ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ CHARLES J CLARKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES J CLARKE, VICE CHRMN PRINTED NAME AND CORPORATE TITLE	12/12/2012 DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					